

**North Carolina Department of Health and Human Services**

**Division of Mental Health, Developmental  
Disabilities, and Substance Abuse Services**

**2001-2002 Performance  
Agreements with  
Area Programs and Counties**

**Report on the Third Quarter**

January 1, 2002 - March 31, 2002

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



May-2002



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary  
Richard J. Visingardi, Ph.D., Director

May 15, 2002

**MEMORANDUM**

TO: Area Board Chairs  
Area Program Directors  
County Managers  
NC Commission for MH/DD/SAS Members  
NC Council of Community Programs  
DMH/DD/SAS Executive Staff

FROM: Richard J. Visingardi, Ph.D.

RE: **2001-2002 Performance Agreement Third Quarter Report**

This transmits the **third quarter report** by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2001-2002 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2001-2002 is the 3rd year the Division has used formal memoranda of agreement that also serve as performance contracts with its local partners. The current contract form and contents differ somewhat from their predecessor instruments. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

Your suggestions for further report improvements are invited.

RJV/mb

Enclosure

cc: Secretary Carmen Hooker Odom  
Lanier Cansler  
James Bernstein



# 2001-2002 Performance Agreement Third Quarter Report

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# Introduction

## **Background**

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2001-2002 is the third year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

**This is the third quarter report under the 2001-2001 Performance Agreements.** It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the third quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

### **Changes from the Second Quarter Report/Other Reporting Adjustments**

1. Compliance with the **Fiscal Management 2** requirement regarding **Cost Finding Reports** from Area Programs/Counties is reported on an annual basis in the second quarter. However, a compliance update on this requirement is included in the third quarter report.
2. The following supplemental tables for performance indicator **Accountability 3 – Client Data Warehouse (CDW)** - are included in the third quarter report:
  - a. Missing Principal or Primary Diagnosis – Not to Exceed 10%
  - b. Missing Required Fields – Not to Exceed 10
  - c. Missing Substance Abuse Data – Not to Exceed 10%
  - d. Unknown Values in Mandatory Fields – Not to Exceed 15%
3. The quarterly report on the **Accountability 3** requirement regarding the Comprehensive Treatment Services Program (**CTSP**) **Assessment and Outcome Instrument (AOI)** has been suspended until the fourth quarter due to changes being made in the AOI data collection process.
4. The annual report on performance indicator **Accountability 3** regarding the **NC SNAP** was due in the third quarter. It will be reported, instead, in the fourth quarter in order to verify the accuracy of data reported/received.

### **Appeal Process**

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director  
North Carolina DMH/DD/SAS  
3001 Mail Service Center  
Raleigh, NC 27699-3001

## 2001-2002 Performance Agreement Report Schedule

**Revised May 2002 - Changes are shaded**

*The table below shows which requirements will be reported by quarter or otherwise.*

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	<b>As Needed</b> This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		Comprehensive Treatment Services Program (CTSP) UCR	X	X	X	X
		UCR-MR/MI	X	X	X	X
		UCR special categorical Adult and Youth Homeless (when applicable)	X	X	X	X
<b>B. Accountability</b>	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		CTSP Assessment and Outcome Instrument (AOI)	X	X	X	X
		MR/MI Person Centered Plans	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities' Core Indicators Project		X		
		Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP				X
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
<b>D. Access to Services</b>	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
<b>E. Service Delivery</b>	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge from state hospitals and ADATC's. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA Report Schedule01-02, Q3

## 2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Manly Fishel, Program Accountability	919/881-2446 Manly.Fishel@ncmail.net	Program Accountability Section Mail Service Center 3012 Raleigh, NC 27699-3012
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Substance Abuse Services Section	(919)733-4671 Terrie.Qadura@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		TANF/Work First Initiative	Helen Wolstenholme, Substance Abuse Services Section	(919)733-4671 Helen.Wolstenholme@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget Section or Bob Duke, DHHS Controller's Office	(919) 733-7013 Rick.DeBell@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
		Volume of Service Submission: MR/MI UCR	Judy Bright, Developmental Disabilities Section or Bob Duke, DHHS Controller's Office	(919) 733-3295 Judy.M.Bright@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		UCR special categorical Adult and Youth Homeless (when applicable)	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
<b>B. Accountability</b>	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation by the Council on Accreditation (COA)	Michael Byrne, Advocacy, Client Rights, and Quality Improvement Section	919/420-7927 Michael.Byrne@ncmail.net	Advocacy, Client Rights, and Quality Improvement Section Mail Service Center 3009 Raleigh, NC 27699-3009

Continued on next page



## 2001-2002 Performance Agreement Contact List

Revised February 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
<b>B. Accountability</b>	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		Client Outcomes Instrument (COI)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		CTSP Assessment and Outcome Instrument (AOI)	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
		MR/MI Person Centered Plans	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Service Center 3007 Raleigh, NC 27699-3007 Mail
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Local Community Collaboratives will submit CTSP waiting list data	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Complete the NC SNAPP	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
<b>D. Access to Services</b>	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Service Center 3015 Raleigh, NC 27699-3015 Mail
<b>E. Service Delivery</b>	1	Schedule and see individuals within 5 working days of discharge			
		Adult Mental Health	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
		Substance Abuse Services	Doug Baker, Substance Abuse Services Section	(919)733-4671 Doug.Baker@ncmail.net	Substance Abuse Services Section Service Center 3007 Raleigh, NC 27699-3007 Mail

PA Contact List, Q3

Reports on the  
Area Program/County Performance Requirements  
of the  
2001-2002 Performance Agreements

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

**Fiscal Management 1**

**Performance Requirement:** Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under <b>Fiscal Management 2</b></p>
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FM1-MaintainRespPractices, Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

**Explanation:** This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the third quarter FY 2001-2002

Area Program/County	1st Qtr FY 01-02 Report Received	2nd Qtr FY 01-02 Report Received	3rd Qtr FY 01-02 Report Received	4th Qtr FY 01-02 Cash-Basis Report Received	4th Qtr FY 01-02 Accrual- Basis Report Received	Comments
Alamance-Caswell	Yes	Yes				
Albemarle	Yes	Yes				
Blue Ridge	Yes	Yes				
Catawba	Yes	Yes				
CenterPoint	Yes	Yes				
Crossroads	Yes	Yes				
Cumberland	Yes	Yes				
Davidson	Yes	Yes				
Duplin-Sampson	Yes	Yes				
Durham	Yes	Yes				
Edgecombe-Nash	Yes	Yes				
Foothills	Yes	Yes				
Guilford	Yes	Yes				
Johnston	Yes	Yes				
Lee-Harnett	Yes	Yes				
Lenoir	Yes	Yes				
Mecklenburg	Yes	Yes				
Neuse	Yes	Yes				
New River	Yes	Yes				
Onslow	Yes	Yes				
Orange-Person-Chatham	Yes	Yes				
Pathways	Yes	Yes				
Piedmont	Yes	Yes				
Pitt	Yes	Yes				
Randolph	Yes	Yes				
RiverStone	Yes	Yes				
Roanoke-Chowan	Yes	Yes				
Rockingham	Yes	Yes				
Rutherford-Polk	Yes	Yes				
Sandhills	Yes	Yes				
Smoky Mountain	Yes	Yes				
Southeastern Center	Yes	Yes				
Southeastern Regional	Yes	Yes				
Tideland	Yes	Yes				
Trend	Yes	Yes				
Vance-Granville-Franklin-Warren	Yes	Yes				
Wake	Yes	Yes				
Wayne	Yes	Yes				
Wilson-Greene	Yes	Yes				

3rd Quarter  
Financial  
Monitoring Reports  
due  
April 31, 2002

FM2-Q Fiscal Monitor Reports, Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all performance indicators that are tracked in the reports: Cost Finding Report

Explanation: This report lists Area Program status regarding submission of required cost findings for the fiscal year ending June 30, 2001, due November 1, 2001.

Area Program/County	Cost Finding Received By Due Date	Date Cost Finding Received by Regional Accountant	Comments
Alamance-Caswell	Yes	12/18/2001	
Albemarle	Yes	11/16/2001	
Blue Ridge	Yes	11/16/2001	
Catawba	Yes	11/20/2001	
CenterPoint	Yes	11/16/2001	
Crossroads	Yes	11/19/2001	
Cumberland	Yes	12/21/2001	
Davidson	Yes	12/05/2001	
Duplin-Sampson	Yes	11/16/2001	
Durham	Yes	11/20/2001	
Edgecombe-Nash	Yes	11/14/2001	
Foothills	Yes	12/06/2001	
Guilford	Yes	11/16/2001	
Johnston	Yes	11/20/2001	
Lee-Harnett	Yes	11/20/2001	
Lenoir	Yes	12/04/2001	
Mecklenburg	Yes	11/06/2001	
Neuse	Yes	11/16/2001	
New River	Yes	11/16/2001	
Onslow	Yes	11/16/2001	
Orange-Person-Chatham	Yes	11/16/2001	
Pathways	Yes	11/16/2001	
Piedmont	Yes	12/31/2001	
Pitt	Yes	11/16/2001	
Randolph	Yes	11/16/2001	
RiverStone	Yes	11/29/2001	
Roanoke-Chowan	Yes	11/15/2001	
Rockingham	Yes	12/17/2001	
Rutherford-Polk	Yes	12/31/2001	
Sandhills	Yes	11/15/2001	
Smoky Mountain	Yes	11/16/2001	
Southeastern Center	Yes	11/15/2001	
Southeastern Regional	Yes	11/30/2001	
Tideland	Yes	11/15/2001	
Trend	Yes	03/12/2002	
Vance-Granville-Franklin-Warren	Yes	11/16/2001	
Wake	Yes	11/20/2001	
Wayne	Yes	11/30/2001	
Wilson-Greene	Yes	11/16/2001	

FM2-CostFindingReport,Q3

## **Fiscal Management 2 - Revenue Adjustment Reports**

Review of Monthly Volume of Service Reports to ensure submission

**The Division Budget Office is currently working with the  
DHHS Controller's Office to work out reporting protocols  
appropriate to the cumulative nature of Area Program  
Revenue Adjustment Reports**

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 – March 31, 2002

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	<b>Meeting</b> Criterion Reflected by Date or 'Y'	36	35	36		30	30	27		36	36	36	
		100 %	97 %	100 %		83 %	83 %	75 %		100 %	100 %	100 %	
# and % of Area Programs Not Meeting Criterion	<b>Not Meeting</b> Criterion Reflected by 'None' or 'N'	0	1	0		6	6	9		0	0	0	
		0 %	3 %	0 %		17 %	17 %	25 %		0 %	0 %	0 %	
Alamance-Caswell	MAJORS	10/23	1/28	4/29		N	N	N		Y	Y	Y	
Albemarle	Multi-Purpose GH	10/19	1/22	4/29		Y	Y	N		Y	Y	Y	
Blue Ridge	Juvenile Detention	10/17	1/18	4/19		Y	Y	Y		Y	Y	Y	
	Youth Develop. Ctr.	10/17	1/18	4/19		Y	Y	Y		Y	Y	Y	
	BRIDGE Program	10/17	1/18	4/19		Y	Y	Y		Y	Y	Y	
CenterPoint	Juvenile Detention	10/19	1/18	4/30		Y	Y	N		Y	Y	Y	
	MAJORS	10/19	1/29	4/22		Y	N	Y		Y	Y	Y	
Cumberland	Juvenile Detention	10/19	1/17	4/17		Y	Y	Y		Y	Y	Y	
	MAJORS	10/19	1/17	4/17		Y	Y	Y		Y	Y	Y	
Durham	Juvenile Detention	10/26	1/25	4/26		N	N	N		Y	Y	Y	
	MAJORS	10/01	1/18	4/1		Y	Y	Y		Y	Y	Y	
Guilford	Juvenile Detention	10/24	1/17	4/17		N	Y	Y		Y	Y	Y	
	MAJORS	10/18	1/17	4/16		Y	Y	Y		Y	Y	Y	
Lenoir	Youth Develop. Ctr.	10/18	1/18	4/10		Y	Y	Y		Y	Y	Y	
Mecklenburg	Juvenile Detention	10/15	1/22	4/20		Y	Y	Y		Y	Y	Y	
Neuse	Multi-Purpose GH	10/18	1/22	4/22		Y	Y	Y		Y	Y	Y	
	MAJORS	10/18	1/22	4/22		Y	Y	Y		Y	Y	Y	
New River	Juvenile Detention	10/29	1/25	4/26		N	N	N		Y	Y	Y	
Pathways	Juvenile Detention	10/16	1/16	4/17		Y	Y	Y		Y	Y	Y	
Piedmont	Youth Develop. Ctr.	10/17	1/10	4/17		Y	Y	Y		Y	Y	Y	
	MAJORS	10/20	1/10	4/19		Y	Y	Y		Y	Y	Y	
Pitt	Juvenile Detention	10/18	1/22	4/26		Y	Y	N		Y	Y	Y	
	MAJORS	10/18	1/22	4/26		Y	Y	N		Y	Y	Y	
Roanoke-Chowan	Multi-Purpose GH	10/26	1/18	4/22		N	Y	Y		Y	Y	Y	
Rockingham	MAJORS	10/15	1/24	4/29		Y	N	N		Y	Y	Y	
Sandhills	Juvenile Detention	10/16	1/22	4/15		Y	Y	Y		Y	Y	Y	
	Youth Develop. Ctr.	10/16	1/18	4/15		Y	Y	Y		Y	Y	Y	
	MAJORS	10/16	1/22	4/15		Y	Y	Y		Y	Y	Y	
Smoky Mountain	Multi-Purpose GH	10/19	1/17	4/18		Y	Y	Y		Y	Y	Y	
SE Center	Juvenile Detention	10/18	1/22	4/18		Y	Y	Y		Y	Y	Y	
SE Regional	Multi-Purpose GH	10/24	1/10	4/12		N	Y	Y		Y	Y	Y	
Tideland	MAJORS	10/18	1/22	4/17		Y	Y	Y		Y	Y	Y	
V-G-F-W	Youth Develop. Ctr.	10/18	1/22	4/18		Y	Y	Y		Y	Y	Y	
Wake	Juvenile Detention	10/10	1/15	4/19		Y	Y	Y		Y	Y	Y	
	MAJORS	10/15	1/17	4/8		Y	Y	Y		Y	Y	Y	
Wayne	Multi-Purpose GH	10/19	<b>4/29</b>	4/29		Y	<b>N</b>	N		Y	<b>Y</b>	Y	

\*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

**I. Performance Agreement Requirement under Fiscal Management 2**

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

**II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report**

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

**Criterion 1: Receipt of Report from Area Program**

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch.

**Criterion 2: Timeliness of Receipt of Report**

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2001-2002 Performance for the period of July 1, 2001 through June 30, 2002 are as follows:

<b>Report Quarter:</b> <u>1<sup>st</sup></u>	<b>Report Period:</b> <u>07/01/01 – 9/30/01</u>	<b>Due Date:</b> <u>10/20/01</u>
<b>Report Quarter:</b> <u>2<sup>nd</sup></u>	<b>Report Period:</b> <u>10/01/01 – 12/31/01</u>	<b>Due Date:</b> <u>01/20/02</u>
<b>Report Quarter:</b> <u>3<sup>rd</sup></u>	<b>Report Period:</b> <u>01/01/02– 03/31/02</u>	<b>Due Date:</b> <u>04/20/02</u>
<b>Report Quarter:</b> <u>4<sup>th</sup></u>	<b>Report Period:</b> <u>04/01/02 – 06/30/02</u>	<b>Due Date:</b> <u>07/20/02</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

**Note:** If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

**Criterion 3: Completeness of Report**

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.



2001-2002 Performance Agreement

Third Quarter Report

January 1, 2002 - March 31, 2002

**Fiscal Management 2**

**Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports**

	<b>Criterion 1:</b>	<b>Criterion 2:</b>	<b>Criterion 3:</b>	<b>Action:</b>
<b>Area Program/County</b>	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
<b># of Area Programs Fully Meeting Each Criterion (100% Score)</b>	36 or 92%	35 or 90%	36 or 92%	
<b># of Area Programs Not Fully Meeting Each Criterion (&lt; 100% Score)</b>	3 or 8%	4 or 10%	3 or 8%	
Alamance-Caswell	100%	100%	100%	
Albemarle	100%	100%	100%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Duplin-Sampson	100%	100%	100%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	100%	75%	100%	
Guilford	100%	100%	100%	
Johnston	100%	100%	100%	
Lee-Harnett	100%	100%	100%	
Lenoir	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Neuse	100%	100%	100%	
New River	0%	0%	0%	Required for Criterion 1
Onslow	100%	100%	100%	
Orange-Person-Chatham	100%	100%	100%	
Pathways	100%	100%	100%	
Piedmont	100%	100%	100%	
Pitt	100%	100%	100%	
Randolph	100%	100%	100%	
RiverStone	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	0%	0%	0%	Required for Criterion 1
Rutherford-Polk	0%	0%	0%	Required for Criterion 1
Sandhills	100%	100%	100%	
Smoky Mountain	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Tideland	100%	100%	100%	
Trend	100%	100%	100%	
Vance-Granville-Franklin-Warren	100%	100%	100%	
Wake	100%	100%	100%	
Wayne	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

2001-2002 Performance Agreement  
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**Fiscal Management 2**

**Performance Agreement Requirement under Fiscal Management 2**

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

**SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports**

Quarter 1: Report Period: July 1, 2001 - September 30, 2001	Due Date: October 20, 2001
Quarter 2: Report Period: October 1, 2001 - December 31, 2001	Due Date: January 20, 2002
Quarter 3: Report Period: January 1, 2002 - March 31, 2002	Due Date: April 20, 2002
Quarter 4: Report Period: April 1, 2002 - June 30, 2002	Due Date: July 20, 2002

**Performance Agreement: Work First/Substance Abuse Quarterly Report**

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

**Criterion 1: Receipt of Report by State Office**

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to [Kathy.McNeill@ncmail.net](mailto:Kathy.McNeill@ncmail.net) not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 733-9455 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

**Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

**\*\*\*Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

**Criterion 3: Completeness of Report Submission**

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 2nd Quarter Report for all counties to the Substance Abuse Services Section by June 29, 2002. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

**Note Regarding Circumstances for Approval of Report Due Date Extension**

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

## **Fiscal Management 2 - Volume of Service Reports**

Review of Monthly Volume of Service Reports to ensure submission

**The Division Budget Office is currently working with the  
DHHS Controller's Office to work out reporting protocols  
appropriate to the cumulative nature of Area Program  
Volume of Service Reports**

## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR

Area Program/County	Percent of UCR Budget Earned (4/12/02)
<b>Statewide</b>	<b>37%</b>
Alamance-Caswell	41%
Albemarle	66%
Blue Ridge	66%
Catawba	26%
Centerpoint	35%
Crossroads	33%
Cumberland	23%
Davidson	36%
Duplin-Sampson-Lenoir*	39%
Durham	63%
Edgecombe-Nash	25%
Foothills	26%
Guilford	19%
Johnston**	85%
Lee-Harnett	21%
Mecklenburg	42%
Neuse	67%
New River	39%
Onslow	6%
Orange-Person-Chatham	30%
Pathways	7%
Piedmont	54%
Pitt	62%
Randolph	37%
Riverstone	58%
Roanoke-Chowan	23%
Rockingham	36%
Rutherford-Polk	21%
Sandhills	51%
Smoky Mountain	32%
Southeastern Center*	42%
Southeastern Regional	50%
Tideland	31%
Trend	23%
VGFW	24%
Wake	19%
Wayne	15%
Wilson-Greene	39%

\*- Area Program is a pilot site for IPRS

\*\* - CTSP services are provided through a provider contract

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## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR MR/MI

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2001 and June 2002. NOTE: MR/MI revenue adjustment is not factored into the Fiscal Compliance monitoring equation due to Controller's Office cost modeling that established net rates and does not require RA for services provided in SFY 02.

Area Program/County	Revenue Adjustment Months	UCR Bill Months	Total UCR Compliance	% Compliance
Alamance-Caswell	N/A	9	9	100.00%
Albemarle	N/A	9	9	100.00%
Blue Ridge	N/A	9	9	100.00%
Catawba	N/A	9	9	100.00%
CenterPoint	N/A	8	8	88.89%
Crossroads	N/A	8	8	88.89%
Cumberland	N/A	9	9	100.00%
Davidson	N/A	8	8	88.89%
Duplin-Sampson	N/A	9	9	100.00%
Durham	N/A	9	9	100.00%
Edgecombe-Nash	N/A	7	7	77.78%
Foothills	N/A	9	9	100.00%
Guilford	N/A	8	8	88.89%
Johnston	N/A	8	8	88.89%
Lee-Harnett	N/A	9	9	100.00%
Lenoir	N/A	9	9	100.00%
Mecklenburg	N/A	8	8	88.89%
Neuse	N/A	9	9	100.00%
New River	N/A	8	8	88.89%
Onslow	N/A	6	6	66.67%
O-P-C	N/A	9	9	100.00%
Pathways	N/A	8	8	88.89%
Piedmont	N/A	8	8	88.89%
Pitt	N/A	8	8	88.89%
Randolph	N/A	8	8	88.89%
RiverStone	N/A	8	8	88.89%
Roanoke-Chowan	N/A	7	7	77.78%
Rockingham	N/A	9	9	100.00%
Rutherford-Polk	N/A	8	8	88.89%
Sandhills	N/A	9	9	100.00%
Smoky Mountain	N/A	9	9	100.00%
SE Center	N/A	9	9	100.00%
SE Regional	N/A	8	8	88.89%
Tideland	N/A	8	8	88.89%
Trend	N/A	8	8	88.89%
Tri-Alliance	N/A	8	8	88.89%
V-G-F-W	N/A	9	9	100.00%
Wake	N/A	8	8	88.89%
Wayne	N/A	8	8	88.89%
Wilson-Greene	N/A	8	8	88.89%
<b>Totals</b>		333	333	
<b>State Average</b>		8.325	8.325	<b>92.50%</b>

FM2- VOS MR-MI UCR, Q3

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## Fiscal Management 2

**Performance Requirement:** Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Volume of service reports for UCR special categorical Adult and Youth Homeless.**

Area Program/County PATH* Site	3rd Quarter Report Submitted	Comments
Blue Ridge (adult)	Yes	
CenterPoint (adult)	Yes	
Cumberland (adult)	Yes	
Cumberland (youth)	Yes	
Durham (adult)	Yes	
Mecklenburg (adult)	Yes	
Southeastern Center (adult)	Yes	
Wake (adult)	Yes	
Wake (youth)	NA	No longer PATH site

\*PATH (Programs for Assistance in Transition from Homelessness)

FM2- Adult & Youth Homeless UCR, Q3

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### Accountability 1

**Performance Requirement:** Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County form audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending at end of 3rd quarter SFY 01-02*	Number of Corrective Actions pending at end of 2nd quarter SFY 01-02
Alamance-Caswell	4	4
Albemarle	2	1
Blue Ridge	2	1
Catawba	2	1
CenterPoint	3	3
Crossroads	7	5
Cumberland	3	2
Davidson	2	1
Duplin-Sampson	3	2
Durham	6	3
Edgecombe-Nash	4	2
Foothills	8	6
Guilford	7	5
Johnston	1	2
Lee-Harnett	3	2
Lenoir	4	3
Mecklenburg	9	7
Neuse	4	2
New River	10	9
Onslow	9	5
Orange-Person-Chatham	5	3
Pathways	7	3
Piedmont	5	3
Pitt	4	3
Randolph	7	3
RiverStone	6	6
Roanoke-Chowan	1	2
Rockingham	6	2
Rutherford-Polk	14	8
Sandhills	6	3
Smoky Mountain	8	5
Southeastern Center	4	3
Southeastern Regional	4	2
Tideland	4	3
Trend	3	2
V-G-F-W	6	4
Wake	9	5
Wayne	9	6
Wilson-Greene	3	2
Statewide Average	5.23	3.44

\*Particulars are provided, by Area Program/County, on the following pages

Accountability1 Summary, Q3

## Accountability 1 Alamance-Caswell

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 or Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001 for Qtr. 1 3/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 1 and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001 for Qtr. 1 03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				36 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first and second quarter WF/SA Initiative Quarterly Reporting Forms for Alamance and Caswell Counties within 30 days of receipt of this report.	Substance Abuse Services	3/29/02			02/26/02	1st and 2nd quarter WF/SA Quarterly Reports received. Area Program is now compliant.



## Accountability 1 Albemarle

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				89 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Blue Ridge

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			59.4 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 75%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				74 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1  
Catawba**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/02 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/02 for Qtr. 3				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).

## Accountability 1 CenterPoint

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish Local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01	12/01/01		03/01/02	
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			65.6 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 82.2%. COI Policy is under review by Div. Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			47.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				62 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Crossroads

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			65.7 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 65.0%. COI Policy is under review by Div. Staff.

## Accountability 1

### Crossroads

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				59 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 5/6/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				No data submission for Quarter 3 (March missing).

## Accountability 1 Cumberland

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			76.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 80.7%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				88 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1  
Davidson**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			32.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 32.2%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				37% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01



## Accountability 1 Duplin-Sampson

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Durham

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ Second Quarter	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS). Note have improved from 87% drug of choice missing, 100% missing other fields to only 15% missing for these four fields.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1

### Durham

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				50% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

## Accountability 1 Edgecombe-Nash

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/22/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				56% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Foothills

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone ).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			63.1 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 68.1%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		67.5 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

## Accountability 1 Foothills

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				51% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
TANF Work First Initiative/ 4/20/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Burke and McDowell. The required Corrective Action for Criteria 1 is to submit the missing <b>First, Second and Third Quarter 99-00</b> WF/SA Initiative Quarterly Reports.	Substance Abuse Services	30 days from receipt of End of FY99-00 report			03/31/02	First, second, and third quarter 99-00 reports received. Area Program is now compliant.
07/20/01	Required Corrective Action for Criteria 1 is to submit the missing <b>First, Second, Third, and Fourth Quarter</b> 00-01 WF/SA Initiative Quarterly Reporting Forms for Burke and McDowell Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001			03/31/02	First, second, third and fourth quarter 00-01 reports received. Area Program is now compliant.
1st. Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first quarter WF/SA Initiative Quarterly Reporting Forms for Burke County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			01/22/02	1st quarter WF/SA Quarterly Report received. Area Program is now compliant.

## Accountability 1 Guilford

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			21.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 22.4%. COI Policy is under review by Division Staff.

## Accountability 1

### Guilford

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			22.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. Active caseload was inaccurate. Their pct. has improved to 30% due to caseload reduction.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				23% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01



**Accountability 1  
Johnston**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
1St. Quarter, 01-02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Form for Johnston County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			03/07/02	1st quarter WF/SA Toxicology Plan received. Area Program is now compliant.

**Accountability 1  
Lee-Harnett**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1 Lenoir

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1

### Lenoir

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				86% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
1St. Quarter, 01-02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Form for Lenoir County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			1/25/02	Section XVIII received on Jan. 25, 2002. Area Program is now in compliance.

## Accountability 1 Mecklenburg

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 2 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2 of FY2002 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

**Accountability 1  
Mecklenburg**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2				This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				No data submission for facility code 13101 for Quarter 3 (March missing).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				1% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
Medicaid Audit/ 2/9/99	The Area Program scored below the 70% compliance rate required for an agency to pass the Medicaid Audit. The Division has been working with the Area Program, providing technical assistance.	Program Assurance Branch			03/07/2000		The Area Program continues to have unresolved contract issues.

## Accountability 1 Neuse

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1  
New River**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			68.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.



**Accountability 1  
New River**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
4/20/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, Watauga, and Wilkes. The required Corrective Action for Criteria 1 is to submit the missing <b>Third Quarter 99-00</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Avery, Watauga, and Wilkes County's report was received on 5-11-01. Ashe County's report has not been received. Area Program non-compliant
7/14/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criteria 1 is to submit the missing <b>Fourth Quarter 99-00</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant.
07/20/2000	Required Corrective Action for Criteria 1 is to submit the missing <b>Third and Fourth Quarter 00-01</b> WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001				Reports for Third and Fourth Quarter have not been received. Area Program non-compliant
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first and second quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not-compliant.
3rd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not-compliant.

## Accountability 1 Onslow

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% ( Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			58.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 62.5%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/22/02. This resolution will be included in the 4th quarter report.

## Accountability 1 Onslow

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	08/13/01			Technical Assistance visit to begin in January of 2002.

**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

**Accountability 1**  
**Orange-Person-Chatham**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of 5/15/02.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency Status).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Pathways

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			44.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 46.0%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				75% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1  
Pathways**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001				
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001				

## Accountability 1 Piedmont

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitttd to the CDW for November, December of Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01



**Accountability 1  
Pitt**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			48.9 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 54.8%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				67% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
1st Quarter, 01- 02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the first quarter WF/SA Initiative Quarterly Reporting Form for Pitt County within 30 days of receipt of this report	Substance Abuse Services	12/29/01			03/08/02	1st Quarter Toxicology Plan received. Area Program is now compliant.

## Accountability 1 Randolph

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 2nd. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 or Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001 for Qtr. 1 3/10/2002 for Qtr. 2	12/06/2001			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because there has been no data submitted for Quarter 1 and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1 Randolph

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				73% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: 01/02 data not submitted to the Client Data Warehouse Quarter 3 . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				No data submission for Quarter 3 (January missing).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (EAP, Veteran Status).

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	12/10/2001			11/01/2001	
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2 (Oct. 2001 missing). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Incomplete data submission to the CDW for Quarter 2 FY2002 (October 2001 data missing)
01-02 Performance Agreement 2nd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because no data has been submitted for Quarter 1 (August, September) and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2			11/01/2001	
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the COI cannot be calculated because there has been no data submitted to the CDW for Quarter 1 (August, September) and Quarter 2 of FY2002. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2			11/01/2001	

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/22/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 3 (Feb & Mar 02). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002 for Qtr. 3				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March ) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March ) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	08/13/01	11/17/01 Verification Report submitted		Verification Report documented that staff reviewed for meeting competencies fell in the inadequate range. Section is awaiting update on staff reflecting an adequate range of achievement of competencies.

## Accountability 1 Roanoke-Chowan

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1 Rockingham

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01	12/01/02		03/01/02	
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2-Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			80.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage is now 86.2%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				34% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001				
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001				
3rd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third WF/SA Initiative Quarterly Reporting Forms for Rockingham County within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not compliant.



## Accountability 1 Rutherford-Polk

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	01/15/01		01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001, 12/14/2001, 2/19/2002		The Rutherford-Polk Area Program must submit at least five good quality crisis plans.
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

**Accountability 1  
Rutherford-Polk**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			54.5 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 58.5%
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				48% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1  
Rutherford-Polk**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Demonstrate full compliance with Single Portal Statute and Rules	Developmental Disabilities	07/15/2001				
01-02 Performance Agreement 3rd Quarter	Maintain current, accurate computerized database reflecting content specified by DD Section	Developmental Disabilities	07/15/2001				
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing <b>first and second quarter 01-02</b> WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report.	Substance Abuse Services	3/29/02				Area Program not compliant.
3rd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing <b>third quarter 01-02</b> reporting forms for Rutherford and Polk Counties within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not compliant.
07/20/2001	The following county was non-compliant with Criteria 1 - Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing <b>Fourth Quarter 00-01</b> WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report				Polk County's report has not been received. Area program not compliant.

## Accountability 1 Sandhills

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1

### Sandhills

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				59% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to unknown values in mandatory data fields exceeds 15% unknown. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			31.4 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			87.1 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Southeastern Center

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002				This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			63.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 80.7%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01



**Accountability 1**  
**Southeastern Regional**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				72% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Tideland

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			75.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			29.2 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 32.6%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Trend

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency Status).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				84% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
1st. Quarter, 01 02	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the <b>First Quarter</b> WF/SA Initiative Quarterly Reporting Form for Henderson and Transylvania Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01			03/04/02	1st Quarter Toxicology Report received. Area Program now complaint.

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			15.7 % of the expected number of initial COI's were submitted as of 12/10/2001 Percentage now 17.0%

**Accountability 1**  
**Vance-Warren-Granville-Franklin**  
**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				46% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Wake

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.

**Accountability 1  
Wake**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			0.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 407 of 731 expected surveys were returned on 1/11/02.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary ).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Court Order Type).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				42% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

## Accountability 1 Wayne

### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Required Data Fields Exceeds 10% (Ability To Pay, Court Order Type).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			58.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 59.8%
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			55.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01



## Accountability 1

### Wayne

#### Corrective Actions as of the End of the Third Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 3 (Feb & Mar 02). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002 for Qtr. 3				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March ). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March ). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
00-01 Performance Agreement 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified time frames for completion of improvements (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	No POC received by 8/15/01. No supporting documentation received by 9/30/01	Copies of contract agencies staff training submitted 3/02.		The Service Manager will provide technical assistance for completion of the report and for the plan describing steps in correcting any problems.

**Accountability 1  
Wilson-Greene**

**Corrective Actions as of the End of the Third Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002			This matter was not fully resolved at the end of the 3rd quarter and is, accordingly, shown as pending. Current information is that the matter was subsequently fully resolved on 4/15/02. This resolution will be included in the 4th quarter report.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Court Order Type).

2001-2002 Performance Agreement

Third Quarter Report

January 1, 2002 - March 31, 2002

**Accountability 2**

**Performance Requirement:** Achieve and maintain accreditation by the Council on Accreditation (COA)

Area Program/County	COA Accredited	Expiration Date*	2001 MOA** Report Filed	Remarks
Alamance-Caswell	Yes	07/31/2004	Yes	
Albemarle	Yes	01/31/2005	Yes	
Blue Ridge	Yes	05/31/2005	Yes	
Catawba	Yes	09/30/2005	Yes	
CenterPoint	Yes	04/30/2005	Yes	
Crossroads	Yes	05/31/2005	NA	
Cumberland	Yes	07/31/2003	Yes	
Davidson	Yes	07/31/2005	Yes	
Duplin-Sampson	Yes	02/29/2004	Yes	
Durham	Yes	07/31/2005	NA	
Edgecombe-Nash	Yes	11/30/2005	NA	
Foothills	No		NA	Accreditation decision deferred July 2001; follow-up site visit/review April 2002
Guilford	Yes	07/31/2004	Yes	
Johnston	Yes	07/31/2003	Yes	
Lee-Harnett	Yes	10/31/2004	Yes	
Lenoir	Yes	01/31/2005	Yes	
Mecklenburg	NA		NA	Exempted from COA review
Neuse	Yes	11/30/2004	Yes	
New River	Yes	06/30/2005	Yes	
Onslow	Yes	02/28/2005	Yes	
Orange-Person-Chatham	Yes	12/31/2004	Yes	
Pathways	Yes	06/30/2005	NA	
Piedmont	Yes	07/31/2005	Yes	
Pitt	No		NA	Accreditation decision deferred July 2001; follow-up site visit/review May 2002
Randolph	Yes	06/30/2004	Yes	
RiverStone	Yes	11/30/2005	NA	
Roanoke-Chowan	Yes	02/28/2005	Yes	
Rockingham	Yes	04/30/2005	NA	
Rutherford-Polk	Yes	10/31/2004	Yes	
Sandhills	Yes	01/31/2005	Yes	
Smoky Mountain	Yes	11/30/2003	Yes	
Southeastern Center	Yes	02/28/2005	Yes	
Southeastern Regional	Yes	06/30/2005	NA	
Tideland	Yes	05/31/2005	NA	
Trend	Yes	08/31/2005	NA	
Vance-Granville-Franklin-Warren	Yes	12/31/2005	NA	
Wake	Yes	07/31/2005	NA	Requisite corrective action documentation timely submitted. Accreditation Commission decision expected in April 2002
Wayne	Yes	01/31/2005	Yes	
Wilson-Greene	Yes	12/31/2004	Yes	

\* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

\*\* Maintenance of Accreditation

Accountability2-COA accreditation,Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)**

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of April 29, 2002

Area Program/County	Facility Code	JAN	FEB	MAR	Third Quarter Adm 02	Third Quarter Adm 01	Monthly Average 02	Monthly Average 01
Alamance-Caswell	23051	138	103	115	356	434	119	145
Albemarle	43121	157	151	169	477	537	159	179
Blue Ridge	13021	345	315	359	1,019	922	340	307
Catawba	13091	214	223	223	660	602	220	201
CenterPoint	23021	412	367	341	1,120	1118	373	373
Crossroads	23011	127	246	0	373	373	124	124
	23012	33	17	0	50	163	17	54
	23013	46	7	0	53	123	18	41
	23014	114	31	0	145	363	48	121
Cumberland	33051	246	274	294	814	873	271	291
Davidson	33021	180	162	151	493	578	164	193
Duplin-Sampson	43131	102	81	72	255	379	85	126
Durham	23071	113	73	82	268	509	89	170
Edgecombe-Nash	43051	174	201	187	562	593	187	198
Foothills	13051	198	136	31	365	545	122	182
Guilford	23041	437	459	428	1,324	1270	441	423
Johnston	33071	116	128	113	357	335	119	112
Lee-Harnett	33061	104	104	96	304	428	101	143
Lenior	43081	63	62	63	188	169	63	56
Mecklenburg								
Carolina Medic	13101	334	291	1	626	997	209	332
Child Dev. Disabilities	13102	245	264	260	769	631	256	210
Neuse	43071	112	116	96	324	433	108	144
New River	13030	160	143	90	393	506	131	169
Onslow	43021	71	83	64	218	387	73	129
Orange-Person-Chatham	23061	134	108	49	291	454	97	151
Pathways	13081	456	470	442	1,368	1108	456	369
Piedmont	13121	174	202	160	536	193	179	64
Pitt	43091	186	170	166	522	536	174	179
Randolph	33101	0	153	127	280	483	93	161
RiverStone	43061	94	0	0	94	292	31	97
Roanoke-Chowan	43101	111	96	76	283	322	94	107
Rockingham	23031	199	110	195	504	289	168	96
Rutherford-Polk	13061	77	89	91	257	243	86	81
Sandhills	33031	259	215	154	628	627	209	209
SE Center	43011	214	206	194	614	770	205	257
SE Regional	33041	171	176	83	430	540	143	180
Smoky Mountain	13010	268	297	304	869	787	290	262
Tideland	43111	142	157	158	457	517	152	172
Trend	13041	109	102	40	251	349	84	116
V-G-F-W	23081	135	129	137	401	586	134	195
Wake	33081	59	204	144	407	802	136	267
Wayne	43031	29	0	0	29	429	10	143
Wilson-Greene	43041	79	89	43	211	283	70	94
<b>TOTAL ADMISSIONS</b>		<b>7,137</b>	<b>7,010</b>	<b>5,798</b>	<b>19,945</b>	<b>22,878</b>	<b>6,648</b>	<b>7,626</b>

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Principal or Primary Diagnosis - Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 2 (Oct - Dec 2001)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	5%	6%
Albemarle	412	1%	1%
Blue Ridge	102	0%	0%
Catawba	109	0%	2%
CenterPoint	202	4%	5%
Crossroads	201	7%	7%
Cumberland	305	1%	1%
Davidson	302	0%	0%
Duplin-Sampson	413	1%	1%
Durham	207	10%	8%
Edgecombe-Nash	405	1%	1%
Foothills	105	11%	6%
Guilford	204	8%	10%
Johnston	307	0%	0%
Lee-Harnett	306	2%	2%
Lenior	408	9%	9%
	110	9%	9%
Neuse	407	0%	0%
New River	103	15%	21%
Onslow	402	26%	32%
Orange-Person-Chatham	206	3%	6%
Pathways	108	1%	1%
Piedmont	112	10%	4%
Pitt	409	32%	21%
Randolph	310	4%	3%
RiverStone	406	1%	1%
Roanoke-Chowan	410	0%	0%
Rockingham	203	1%	1%
Rutherford-Polk	106	19%	18%
Sandhills	303	5%	2%
SE Center	401	3%	4%
SE Regional	304	11%	16%
Smoky Mountain	101	12%	13%
Tideland	411	1%	0%
Trend	104	5%	4%
V-G-F-W	208	7%	6%
Wake	308	93%	89%
Wayne	403	1%	1%
Wilson-Greene	404	4%	4%

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) - Missing Required Fields - Not to exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 2 Oct - Dec 2001 with missing required fields. Please note: Area Programs that are shaded submitted incomplete/missing data for certain fields in Quarter 2.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	1%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	3%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%	0%	0%	0%
Durham	207	0%	1%	1%	0%	0%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	27%	0%	0%	3%	0%	0%	0%
Guilford	204	0%	84%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	1%	0%	0%
Lenior	408	0%	1%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	1%	1%	0%	4%	3%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	1%	8%	0%	0%	9%	0%	0%	3%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	25%	15%	0%	0%	1%	0%	1%
Pathways	108	0%	0%	1%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
Randolph	310	0%	0%	3%	0%	74%	3%	0%	75%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
RiverStone	406	0%	3%	0%	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	10%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	1%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	1%	0%	0%	0%	0%	0%	0%
Trend	104	0%	13%	14%	0%	0%	1%	0%	0%
V-G-F-W	208	0%	9%	9%	0%	0%	0%	0%	0%
Wake	308	0%	3%	3%	16%	0%	1%	0%	1%
Wayne	403	0%	11%	0%	24%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	21%	0%	0%	0%	0%

Accountability3-CDW-MissingRequiredFields, Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Substance Abuse Data - Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with a principal or primary diagnosis of substance abuse who were missing the required substance abuse

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	2%	3%	3%	3%
Albemarle	412	4%	2%	3%	2%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	8%	21%	21%	21%
CenterPoint	202	0%	1%	1%	1%
Crossroads	201	17%	16%	16%	16%
Cumberland	305	1%	1%	1%	1%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson	413	1%	2%	2%	2%
Durham	207	19%	11%	11%	11%
Edgecombe-Nash	405	0%	0%	0%	0%
Foothills	105	14%	3%	71%	3%
Guilford	204	1%	1%	1%	1%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	6%	6%	6%	6%
Lenior	408	2%	0%	0%	0%
Mecklenburg	110	38%	53%	53%	57%
Neuse	407	4%	4%	4%	4%
New River	103	9%	8%	8%	8%
Onslow	402	19%	50%	50%	50%
Orange-Person-Chatham	206	4%	3%	3%	3%
Pathways	108	6%	5%	5%	5%
Piedmont	112	0%	0%	0%	0%
Pitt	409	8%	3%	3%	3%
Randolph	310	32%	59%	59%	59%
RiverStone	406	8%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%
Rockingham	203	1%	3%	3%	3%
Rutherford-Polk	106	1%	1%	1%	1%
Sandhills	303	13%	7%	7%	7%
SE Center	401	0%	0%	0%	0%
SE Regional	304	4%	4%	4%	4%
Smoky Mountain	101	6%	2%	2%	2%
Tideland	411	0%	0%	0%	0%
Trend	104	0%	0%	0%	0%
V-G-F-W	208	40%	59%	59%	59%
Wake	308	25%	25%	25%	25%
Wayne	403	29%	31%	31%	31%
Wilson-Greene	404	2%	9%	9%	9%



2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Unknown Values in Mandatory Fields - Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 2 with unknown

**Percentage Unknown Quarter 2 (Oct-Dec 2001)**

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	1%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%
Durham	207	0%	5%	5%	1%	4%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	0%	8%	0%	1%
Guilford	204	0%	1%	3%	0%	2%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	1%	1%	0%	0%
Lenior	408	0%	0%	0%	0%	0%
Mecklenburg	110	0%	3%	3%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	1%	4%	0%	1%
Onslow	402	0%	0%	1%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	1%	0%	0%
Piedmont	112	0%	2%	0%	0%	0%
Pitt	409	0%	1%	0%	0%	3%
Randolph	310	0%	0%	0%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	1%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	0%	2%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	1%	1%	0%	3%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	0%	0%	0%	0%
V-G-F-W	208	0%	6%	3%	0%	1%
Wake	308	0%	2%	2%	0%	1%
Wayne	403	0%	0%	1%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

Accountability3-CDW-UnknownMandatory, Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified:  
**Client Outcomes Instruments (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 10/1/2001 through 12/31/2001.

Area Program/County	Admission Records Ending in 3 or 6 in CDW	Admission COIs Submitted ( 3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	76	27	0	36%	36%
Albemarle	90	80	0	89%	89%
Blue Ridge	163	99	22	61%	74%
Catawba	93	88	0	95%	95%
CenterPoint	202	84	41	42%	62%
Crossroads	190	113	0	59%	59%
Cumberland	141	124	0	88%	88%
Davidson	84	30	1	36%	37%
Duplin-Sampson	64	51	0	80%	80%
Durham	56	28	0	50%	50%
Edgecombe-Nash	135	74	1	55%	56%
Foothills	96	49	0	51%	51%
Guilford	270	57	5	21%	23%
Johnston	61	60	0	98%	98%
Lee-Harnett	63	44	0	70%	70%
Lenoir	28	24	0	86%	86%
Mecklenburg	205	2	1	1%	1%
Neuse	76	61	0	80%	80%
New River	69	62	0	90%	90%
Onslow	24	14	0	58%	58%
O-P-C	75	37	5	49%	56%
Pathways	274	205	0	75%	75%
Piedmont	126	64	24	51%	70%
Pitt	81	54	0	67%	67%
Randolph	33	24	0	73%	73%
River Stone	31	29	0	94%	94%
Roanoke-Chowan	57	52	0	91%	91%
Rockingham	131	44	1	34%	34%
Rutherford-Polk	56	27	0	48%	48%
Sandhills	133	47	31	35%	59%
Smoky Mountain	159	122	0	77%	77%
Southeastern	115	63	26	55%	77%
Southeastern Reg	104	74	1	71%	72%
Tideland	73	20	0	27%	27%
Trend	57	48	0	84%	84%
V-G-F-W	74	34	0	46%	46%
Wake	77	23	9	30%	42%
Wayne	63	50	0	79%	79%
Wilson-Greene	55	51	0	93%	93%
<b>Statewide Totals</b>	<b>3960</b>	<b>2239</b>	<b>168</b>	<b>57%</b>	<b>61%</b>

Accountability3-COI, Q3

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

**Accountability 3**

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: **Comprehensive Treatment Services Program's Assessment and Outcome Instrument (AOI)**

This requirement has been suspended until the fourth quarter due to changes being made with the AOI data collection process within the Comprehensive Treatment Services Program funded services

2001-2002 Performance Agreement  
Third Quarter Report  
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### Accountability 3

**Performance Requirement:** Submit timely and complete data reports for all persons as specified: **MR/MI Person Centered Plans**

**Explanation:** Person Centered Plans are due during the birth month of the individual. Plans will be accepted if submitted by the fifth of the month following the birth month. Plans must be completion of improvements.

Area Program/County	PCP Due Current Qtr	PCP Due Previous Qtrs	PCP Due YTD	PCP Complete Current Qtr	PCP Complete Previous Qtrs	PCP Complete YTD	PCP Received On Time Current Qtr	PCP Rec'd On Time Previous Qtrs	PCP Received On Time YTD	PCP Total % Complete Current Qtr	PCP Total % Complete YTD	PCP Total % Rec'd On Time Current Qtr	PCP Total % Rec'd On Time YTD	Total PCP Submitted YTD
Alamance-Caswell	8	23	31	7	23	30	8	23	31	88%	97%	100%	100%	30 of 42
Albemarle	4	13	17	4	13	17	4	13	17	100%	100%	100%	100%	17 of 22
Blue Ridge	8	13	21	8	11	19	8	13	21	100%	90%	100%	100%	21 of 24
Catawba	5	7	12	5	6	11	5	7	12	100%	92%	100%	100%	12 of 15
CenterPoint	5	13	18	5	13	18	5	11	16	100%	100%	100%	89%	18 of 30
Crossroads	6	10	16	6	8	14	5	8	13	100%	88%	83%	81%	16 of 22
Cumberland	5	11	16	5	9	14	5	9	14	100%	88%	100%	88%	16 of 20
Davidson	4	14	18	4	12	16	4	12	16	100%	89%	100%	89%	18 of 23
Duplin-Sampson	6	7	13	6	7	13	6	7	13	100%	100%	100%	100%	13 of 19
Durham	8	14	22	6	14	20	7	13	20	75%	91%	88%	91%	21 of 30
Edgecombe-Nash	9	16	25	9	15	24	9	15	24	100%	96%	100%	96%	25 of 39
Foothills	12	23	35	12	23	35	12	23	35	100%	100%	100%	100%	35 of 47
Guilford	14	27	41	14	25	39	13	17	30	100%	95%	93%	73%	39 of 59
Johnston	5	2	7	5	2	7	5	2	7	100%	100%	100%	100%	7 of 11
Lee-Harnett	5	11	16	5	10	15	5	10	15	100%	94%	100%	94%	16 of 18
Lenoir	2	5	7	2	4	6	2	4	6	100%	86%	100%	86%	7 of 12
Mecklenburg	11	30	41	11	30	41	11	30	41	100%	100%	100%	100%	41 of 52
Neuse	7	15	22	7	15	22	7	15	22	100%	100%	100%	100%	22 of 30
New River	11	9	20	11	9	20	11	9	20	100%	100%	100%	100%	20 of 27
Onslow	7	7	14	7	5	12	7	6	13	100%	86%	100%	93%	14 of 18
O-P-C	12	23	35	10	20	30	10	20	30	83%	86%	83%	86%	31 of 45
Pathways	10	31	41	8	29	37	10	30	40	80%	90%	100%	98%	41 of 63
Piedmont	15	21	36	15	21	36	15	21	36	100%	100%	100%	100%	36 of 48
Pitt	7	15	22	7	12	19	7	12	19	100%	86%	100%	86%	22 of 25
Randolph	5	12	17	5	12	17	5	12	17	100%	100%	100%	100%	17 of 23
RiverStone	3	15	18	3	14	17	3	15	18	100%	94%	100%	100%	18 of 22
Roanoke-Chowan	3	8	11	3	8	11	3	8	11	100%	100%	100%	100%	11 of 17
Rockingham	5	10	15	5	10	15	4	10	14	100%	100%	80%	93%	15 of 24
Rutherford-Polk	2	9	11	2	8	10	2	8	10	100%	91%	100%	91%	11 of 14
Sandhills	5	17	22	5	17	22	5	17	22	100%	100%	100%	100%	22 of 38
SE Center	13	19	32	13	15	28	13	18	31	100%	88%	100%	97%	32 of 44
SE Regional	12	28	40	12	28	40	12	28	40	100%	100%	100%	100%	40 of 53
Smoky Mountain	10	9	19	10	9	19	10	9	19	100%	100%	100%	100%	19 of 32
Tideland	4	9	13	4	9	13	4	9	13	100%	100%	100%	100%	13 of 18
Trend	4	12	16	4	7	11	4	10	14	100%	69%	100%	88%	16 of 19
Tri-Alliance	4	12	16	4	11	15	4	8	12	100%	94%	100%	75%	16 of 30
V-G-F-W	9	18	27	9	18	27	9	17	26	100%	100%	100%	96%	27 of 49
Wake	17	28	45	17	28	45	17	28	45	100%	100%	100%	100%	45 of 61
Wayne	4	11	15	4	10	14	4	10	14	100%	93%	100%	93%	15 of 20
Wilson-Greene	6	20	26	6	19	25	6	20	26	100%	96%	100%	100%	26 of 34

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002- March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program waiting list data on a quarterly basis.**

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	No
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	No
Foothills	Yes
Guilford	Yes
Johnston	No
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	No
New River	Yes
Onslow	No
Orange-Person-Chatham	Yes
Pathways	No
Piedmont	No
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Rutherford-Polk	No
Sandhills	No
Smoky Mountain	No
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

2001-2002 Performance Agreement  
Third Quarter Report  
January 1, 2002 - March 31, 2002

### Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified: Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section**

Explanation: For data submitted 7/15/01 the rating for maintaining data reflects a review of data used in determining the wait list information and reports submitted from the database. This method of review is based upon the criteria established through the 2000-2001 Performance Agreement single portal self-monitoring form. Data submitted 1/15/02 will be reviewed for current and accurate data based upon criteria established through the 2001-2002 Performance Agreement, Attachment 11. Ratings for each period will have a 0,1,2 scale for timeliness and completion. For ratings less than 2, a plan of correction will be required specifying timeframes and steps.

Area Program/County	Data Timeliness	Data Completeness
Alamance-Caswell	2	2
Albemarle	2	2
Blue Ridge	2	2
Catawba	2	2
CenterPoint	2	2
Crossroads	2	2
Cumberland	2	2
Davidson	2	2
Duplin-Sampson	2	2
Durham	2	2
Edgecombe-Nash	2	2
Foothills	2	2
Guilford	2	2
Johnston	2	2
Lee-Harnett	2	2
Lenoir	2	2
Mecklenburg	2	2
Neuse	2	2
New River	2	2
Onslow	2	2
Orange-Person-Chatham	2	2
Pathways	2	1
Piedmont	2	2
Pitt	2	2
Randolph	2	2
RiverStone	2	2
Roanoke-Chowan	2	2
Rockingham	2	1
Rutherford-Polk	1	1
Sandhills	2	2
Smoky Mountain	2	2
Southeastern Center	2	2
Southeastern Regional	2	2
Tideland	2	2
Trend	2	2
V-G-F-W	2	2
Wake	2	2
Wayne	2	2
Wilson-Greene	2	2

## Access to Services 1

**Performance Requirement:** Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to improve penetration rates for Fiscal Year 2001 to Fiscal Year 2002, subject to available funding.

Explanation:

Penetration rate = ( A / B )

where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data.

Children (age<18) with eligibility aid-category IAS or HSF.

Area Program/County	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average	sfy2002 q1	sfy2002 q2	sfy2002 q3
ALAMANCE CASWELL	30.4 %	27.4 %	21.7 %	19.5 %	20.5 %	18.0 %
ALBEMARLE	25.6 %	22.6 %	22.1 %	24.1 %	27.2 %	26.0 %
BLUE RIDGE	3.9 %	39.4 %	36.9 %	37.2 %	34.3 %	33.7 %
CATAWBA	36.3 %	35.4 %	31.2 %	31.9 %	28.0 %	23.4 %
CENTERPOINT	3.3 %	24.5 %	26.0 %	29.3 %	28.5 %	28.1 %
CROSSROADS	29.0 %	24.5 %	21.9 %	21.6 %	20.7 %	17.6 %
CUMBERLAND	16.7 %	15.7 %	15.7 %	15.3 %	14.1 %	13.1 %
DAVIDSON	27.1 %	25.7 %	23.5 %	27.0 %	24.8 %	22.4 %
DUPLIN SAMPSON	18.5 %	18.6 %	15.5 %	14.9 %	15.8 %	15.5 %
DURHAM	30.8 %	31.9 %	30.3 %	28.3 %	27.0 %	24.6 %
EDGECOMBE NASH	31.1 %	25.4 %	26.8 %	29.3 %	31.8 %	26.5 %
FOOTHILLS	1.1 %	23.1 %	22.3 %	16.3 %	15.8 %	13.6 %
GUILFORD	29.3 %	30.2 %	23.8 %	24.3 %	25.0 %	23.6 %
JOHNSTON	20.1 %	21.2 %	29.1 %	23.6 %	23.1 %	21.7 %
LEE HARNETT	20.5 %	17.8 %	16.2 %	20.0 %	20.3 %	18.2 %
LENOIR	21.1 %	17.7 %	31.5 %	27.9 %	31.8 %	14.6 %
MECKLENBURG	22.8 %	26.3 %	29.3 %	30.1 %	33.0 %	26.6 %
NEUSE	21.5 %	21.7 %	21.5 %	18.6 %	22.1 %	15.5 %
NEW RIVER	36.7 %	38.4 %	34.9 %	28.6 %	28.4 %	25.4 %
ONSLOW	17.9 %	14.8 %	15.5 %	11.2 %	11.8 %	5.9 %
OPC	4.4 %	32.7 %	32.0 %	28.3 %	29.0 %	30.1 %
PATHWAYS	9.8 %	35.0 %	36.9 %	36.1 %	39.4 %	37.8 %
PIEDMONT	27.3 %	28.2 %	26.2 %	26.7 %	27.4 %	27.6 %
PITT	34.0 %	30.0 %	31.8 %	31.9 %	29.3 %	31.5 %
RANDOLPH	43.2 %	45.0 %	49.3 %	48.9 %	47.5 %	46.2 %
RIVERSTONE	21.6 %	26.9 %	26.1 %	36.4 %	33.6 %	32.8 %
ROANOKE CHOWAN	40.4 %	37.4 %	36.3 %	36.8 %	34.3 %	27.4 %
ROCKINGHAM	18.7 %	16.2 %	17.1 %	21.1 %	23.5 %	22.6 %
RUTHERFORD POLK	40.4 %	36.6 %	34.3 %	32.3 %	32.1 %	25.8 %
SANDHILLS	24.9 %	25.5 %	23.0 %	24.8 %	21.5 %	23.0 %
SMOKY MTN	9.0 %	36.3 %	32.7 %	28.6 %	31.6 %	31.3 %
SOUTHEASTERN	6.4 %	34.8 %	34.6 %	35.1 %	35.2 %	25.5 %
SOUTHEASTERN REG	23.1 %	20.3 %	21.0 %	20.6 %	20.5 %	20.1 %
TIDELAND	35.3 %	34.6 %	30.4 %	22.9 %	26.2 %	22.5 %
TREND	3.1 %	44.7 %	40.0 %	36.9 %	32.1 %	28.8 %
V G F W	4.4 %	30.2 %	28.5 %	22.3 %	23.0 %	20.7 %
WAKE	2.6 %	28.8 %	29.9 %	32.2 %	33.0 %	29.8 %
WAYNE	14.1 %	9.4 %	11.2 %	13.0 %	17.0 %	3.6 %
WILSON GREENE	18.2 %	19.1 %	19.4 %	22.3 %	22.5 %	20.8 %
State total	18.8 %	28.3 %	27.7 %	27.4 %	27.6 %	24.7 %

Access1-DSS Custody, Q3

## **APPENDICES**



## 2001-2002 Performance Agreement

**Corrected Second Quarter Report**

October 1, 2001 - December 31, 2001

**Accountability 1**

**Performance Requirement:** Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending as of end of 2nd quarter SFY 01-02*
Alamance-Caswell	4
Albemarle	1
Blue Ridge	1
Catawba	1
CenterPoint	3
Crossroads	5
Cumberland	2
Davidson	1
Duplin-Sampson	2
Durham	3
Edgecombe-Nash	2
Foothills	6
Guilford	5
Johnston	2
Lee-Harnett	2
Lenoir	3
Mecklenburg	7
Neuse	2
New River	9
Onslow	5
Orange-Person-Chatham	3
Pathways	3
Piedmont	3
Pitt	3
Randolph	3
RiverStone	6
Roanoke-Chowan	2
Rockingham	2
Rutherford-Polk	8
Sandhills	3
Smoky Mountain	5
Southeastern Center	3
Southeastern Regional	2
Tideland	3
Trend	2
V-G-F-W	4
Wake	5
Wayne	6
Wilson-Greene	2
<b>Statewide Average</b>	<b>3.44</b>

\*Particulars are provided, by Area Program/County, on the following pages

**Accountability 1  
Pathways**

**CORRECTED TABLE**

**APPENDIX 2**

**Corrective Actions as of the End of the Second Quarter 2001-2002**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				44.0 % of the expected number of initial COI's were submitted as of 12/10/2001
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Survey forms not received. A corrective action plan outlining a method and timetable for submitting all incomplete and/or missing data for the quarter(s) at issue, and in an acceptable form as prescribed by applicable data system requirements, must be presented by 3/10/02. The plan shall ensure the receipt by the Data Operations Branch of all requisite data not later than 4/9/02.	Data Operations Branch	03/10/2002				78.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Allegation #3	Board attorney will review policy and recommend revisions as appropriate. Review policy with Area Board and staff	Program Accountability	5/15/2001	06/06/01	02/12/2002	12/18/2001	
	Review policy with Area Board and staff	Program Accountability	5/24/2001	06/06/01	02/12/2002	12/18/2001	
	Will re-educate contract providers regarding policy and conflict resolution procedures through the Provider Handbook and through meetings with Providers held at Pathways.	Program Accountability	6/01/2001	06/06/01	02/12/2002	12/18/2001	
Investigation Report Dated 3/16/01 Allegation #12	Fee policy/procedure is being re-written. (Will submit revised policy to the Division upon Board approval.)	Program Accountability	To Board 6/28/2001	06/06/01	02/12/2002	12/18/2001	
	Training for staff in order to achieve consistency re: updated P&P through e-mail to all staff with new P&P with instructions and explanation. New P&P will be reviewed in staff meetings and staff training sessions will be held 6-1 at the Citizens Resource	Program Accountability	Staff training June, 2001	06/06/01	02/12/2002	12/18/2001	
	Updated policy/procedure will be implemented in July, 2001	Program Accountability	Implement-ation July, 2001	06/06/01	02/12/2002	12/18/2001	
	Fee statement update will be in Consumer Handbook. (Pathways will forward a revised copy of handbook to the Division upon completion.)	Program Accountability	July, 2001	06/06/01	02/12/2002	12/18/2001	

## Accountability 1 Pathways

### Corrective Actions as of the End of the Second Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Allegation #22	Review current monitoring processes to assure that treatment needs are met as outlined in treatment plan. Any repayment request is being contested. Monitoring processes in place include: Peer Review / Supervisory Review / Medicaid Audit / Focused Audit	Program Accountability	6/06/2001	06/06/01	02/12/2002	12/18/2001	
Investigation Report Dated 3/16/01 Allegation #24	Educate and encourage clients to utilize self-advocacy to provide feedback.	Program Accountability	July, 2001	06/06/01	02/12/2002	12/18/2001	
Investigation Report Dated 3/16/01 Issue #1	Prior to the Division investigation, Pathways began working on the issues related to "time of service." This issue is being addressed through procedure review, service delivery re-design and systems reviews.	Program Accountability	Ongoing	06/06/01	02/12/2002	12/18/2001	
Investigation Report Dated 3/16/01 Issue #1 (continued)	The area program has requested an assessment from RG Architecture relating to ADA requirements. The building occupied by Piedmont Pioneer House is State owned and leased by Gaston County for a minimal fee annually. The report by RG Architecture will be sh	Program Accountability	Ongoing	06/06/01	02/12/2002	12/18/2001	
	Sign has been removed from GCC. Pathways will continue to review all public information for accuracy.	Program Accountability	Ongoing	06/06/01	02/12/2002	12/18/2001	
	Systems reviews are in place on multiple levels to assure compliance.	Program Accountability	Ongoing	06/06/01	02/12/2002	12/18/2001	